

RELEASE OF INFORMATION

Jill Hogenson, LMSW, ACSW, Custody Specialist, is hereby given permission to provide as well as receive relevant information, including sensitive medical records, the following information about myself and my children:

Melissa Calise (Parent)

Tony (Richard) Calise (Parent)

Applicable children:

Rocco dob: 10/27/06

dob: _____

Amelia dob: 4/2/08

dob: _____

Information to be released to include:

___ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency: CPS Staff Staff: _____

Purpose of Disclosure: Court ordered investigation

I understand the Release of information is for the purpose of a Court-ordered investigation. I have been advised that the information received may be reported and/or provided to the Court.

* Consultation confined to relevant information of allegations of child sexual abuse.

I have been advised that I may revoke or revise this release at any time and have been given a copy of the release.

The above release is being signed on 1/20/15 and shall be considered valid until 1/20/16 (one year from the date of signature, unless otherwise specified).

I have been advised my signature approves contact between Ms. Hogenson, LMSW, ACSW both in the provision of information as well as receipt of information. I understand if the resource charges a fee for releasing the information neither Ms. Hogenson will be responsible for fees.

Melissa Calise date: 1/20/15

[Signature] date: 1/20/15

*

RELEASE OF INFORMATION

Jill Hogenson, LMSW, ACSW, Custody Specialist, is hereby given permission to provide as well as receive relevant information, including sensitive medical records, the following information about myself and my children:

Richard A. Calice (Parent) _____ (Parent)

Applicable children: DOB: 12/12/78

_____ dob: _____ dob: _____

_____ dob: _____ dob: _____

Information to be released to include:

____ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

____ Social records

☒ Psychological/Psychiatric records (including testing, therapist/physician notations)

____ Substance Abuse treatment records

☒ Consultation with Staff Agency: Dr. Ken Bertrum Staff: _____

Purpose of Disclosure: Court ordered investigation

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☒ Richard A. Calice date: 1/20/2015

_____ date: _____

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Richard Calice

(Parent)

(Parent)

Applicable children:

Doro

dob: _____

dob: _____

Amelia

dob: _____

dob: _____

Information to be released to include:

___ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency: Sagittarius Court Staff: 1st Circuit Ct. Staff

Purpose of Disclosure: Court ordered investigation

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1/20/16 (one year from the date of signature, unless otherwise specified).

when investigation of child endangerment concludes

I have been advised my signature approves contact between Ms. Hogenson, LMSW, ACSW both in the provision of information as well as receipt of information. I understand if the resource charges a fee for releasing the information neither Ms. Hogenson will be responsible for fees.

Richard Calice

date: 1/20/2015

date: _____

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Jill Hogenson, LMSW, ACSW, Custody Specialist, is hereby given permission to provide as well as receive relevant information, including sensitive medical records, the following information about myself and my children:

Melissa Colvin

(Parent)

Richard Cauce

(Parent)

Applicable children:

Rocco

dob: 10/27/00

dob: _____

Amelia

dob: 4/21/08

dob: _____

Information to be released to include:

___ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency:

Dr. Khan

Staff: _____

Purpose of Disclosure: Court ordered investigation

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The above release is being signed on 4/20/15 and shall be considered valid until 4/20/16 (one year from the date of signature, unless otherwise specified).

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Melissa Colvin

date: 4/20/15

Richard Cauce

date: 4/20/15

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Melissa Calice (Parent) Richard Calice (Parent)

Applicable children:

____ dob: _____ dob: _____
____ dob: _____ dob: _____

Information to be released to include:

___ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency: Dr. Phander Staff: _____

Purpose of Disclosure: Court ordered investigation

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X Murrell date: 4/20/15
Ray Cantu date: 1/20/2015

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Melissa Calvi (Parent)

Richard Calvi (Parent)

Applicable children:

Rocco dob: _____

_____ dob: _____

_____ dob: _____

_____ dob: _____

Information to be released to include:

___ Medical records (including counseling notes, assessments, discharge summaries, quarterly reports)

___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

☒ Consultation with Staff Agency: Dr. Offenberg's office Staff: Staff - including Nicole

Purpose of Disclosure: Court ordered investigation

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X Melissa Calvi date: 1/20/15

Richard Calvi date: 1/20/2015

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Melissa Calice (Parent) _____ (Parent)

Applicable children:

Rocco dob: _____ dob: _____
Amelia dob: _____ dob: _____

Information to be released to include:

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___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency: Hemmett Elementary Staff: _____

Staff - Jon Bailey Principal

Purpose of Disclosure: Court ordered investigation

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Melissa Calice date: 1/20/15
Rocco Calice date: 1/20/15

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Richard Calice (Parent) _____ (Parent)

Applicable children:

Rocco dob: _____ dob: _____
Amelia dob: _____ dob: _____

Information to be released to include:

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___ Social records

___ Psychological/Psychiatric records (including testing, therapist/physician notations)

___ Substance Abuse treatment records

___ Consultation with Staff Agency: Mindy Worder Staff: _____
Detective

Purpose of Disclosure: Court ordered investigation

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XOT Joe Calice date: 1/20/2015
date: _____